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St. Louis, MO . Washington, D.C.

DATE:	December 2, 2002 No. of PA	No. of Pages (Including This Page):					
FOR: COMPANY: PAYNO.:	Examiner Dionne A. Walls United States Patent & Trademark Office 703-305-0933 PHONE: 703-872-9310	ORIGINAL WILL FOLLOW BY: REGULAR MAIL OVERNIGHT MAIL COURIER WILL NOT FOLLOW					
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COMMENTS:							
Re: U. Fo	S. Patent Application No. 09/529 or: Ginkgo Biloba L. Leaves Ciga our Reference: IEC980014PUS ur Reference: 8737-000007						

* * * <u>NOTICE</u> * * * *

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CORE TO ANOMITTAL	Complete if Known							
FEE TRANSMITTAL	Application Number			09/5	7			
for FY 2003	Filing Date			06/2	<u> </u>			
	First Named Inventor			Zou,	Zou, et al.			
Patent fees are subject to annual revision.	Examiner Name		Dionne A. Walls		C 7			
Applicant claims small entity status. See 37 CFR 1.27	Group	Group / Art Unit 1731		9	0			
TOTAL ANOUNT OF DAVISENT (C) 110			8737	N C				
TOTAL AMOUNT OF PAYMENT (S) 110	Attorney Docket No. 8737-000007							
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	Large Entity Small Entity							
Order Deposit Account:					·			
Deposit C7/	Fee Code	Fee (S)	Fee Code	Fee (\$)	Fee Description	Fee Pald		
Account 09-0750	1051			65	Surchargs - late filing fee or oath			
Number D D D	1052			25 Surcharge - late provisional filling or cover sheet.				
Deposit	1053	130	1053					
Account Hamees, Dickey & Pierce, P.L.C. Name	1812	2,520	1812	2,520	For filing a request for reexamination			
The Commissioner is authorized to: (check all that apply)	1804	820"	1804	920*	Requesting publication of SIR prior to Examiner action	19		
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(e) during the pendency of this application	1805	1.840*	1605	1.940	Requesting publication of SIR after Examiner action			
☐ Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	110		
FEE CALCULATION	1252	400	2252	200	Extension for reply within second month			
1. BASIC FILING FEE	1259	920	2253	460	Extension for rapty within third month			
Large Entity Smell Entity	1254	1,440	2254	720	Extension for reply within fourth month			
Fee Fee Fee Fee Fee Description Code (S) Code (S) Fee Paid	1255	1,960	2255	980	Extension for reply within fifth month			
1001 740 2001 370 Utility filing fee	1401	320	2401	160	Notice of Appeal			
1002 330 2002 165 Design filing fee	1402	320	2402	160	Filing a brief in support of an appeal			
1003 510 2009 255 Plant filing fee	1403	280	2403	140 Request for oral hearing		├		
1004 740 2004 370 Reissue filing fee	1451	1.510	1451	1.510 Petilion to Institute a public use proceeding				
1005 160 2005 80 Provisional filling fee	1452	110	2452	55 Petition to revive - unavoidable				
SUBTOTAL (1) (\$) 0	1453	1,280	2453	53 640 Petitlon to revive - unintentional				
2. EXTRA CLAIM FEES	1501	1,280	2501	840	Utility issue fee (or release)			
. Edra Fee from Fee	1502	460	2502	280	Dealgn Issue fee			
Claims below Paid	1503	620	2503	310	Plant leave fee			
Total Cialma 20 = 0 X = 0	1460	130	1460	130	Petitions to the Commissioner			
Independent -9 = 0 X = 0	1807	50	1807	50	Processing fee under 37 CFR 1,17 (q)			
	1806	180	1606	180	Submission of Information Disclosure Stmt			
Multiple Dependent Large Entity Small Entity	8021	40	8021	40	Recording each patent assignment per property (times number of			
Foo Foo Con	1809	740	2809	370	properties) Filing a submission after final rejection	1		
Code (\$) Code (\$) Fee Description					(37 CFR § 1.129(a))			
1202 15 2202 9 Claima in excess of 20	1610	740	2810	370	For each additional invention to be			
1201 84 2201 42 Independent claims in excess of 3 1203 260 2203 140 Multiple dependent claim, if not paid	1	- 1			examined (37 CFR § 1.129(b)) Request for Continued Examination (RCE)	<u> </u>		
** Deiteus independent delme our	1801 740 2801			370	} ! !			
original patent	1802	900	1802	900	Request for expedited examination			
1205 18 2205 9 "Reissue claims in excess of 20 and over original patent	of a design application							
SUBTOTAL (2) (5) 0	Other fee (specify)							
*Heduced by Basic Filling Fee Paid SUBTOTAL (3) (5) 110								
**or number previously paid, if greater, For Relssues, see above								

SUBMITTED BY				Сол	plete (if applicable)
Name (Print/Type)	Michael L. Taylor	Hadistration No. Attorney/Agent)	50,521	Telaphone	(248) 641-1600
Signature C		1- Jayla		Date	12/2/02

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